

Penny F. Hamby
Coordinator of Technology and Telecommunications
Dalton Public Schools
105 North Thornton Avenue
Dalton, GA 30720
(706) 8764050
(706) 271-2218 (fax)
p.hamby@dalton.k12.ga.us

October 18, 2002

Request for Waiver
CC Docket Nos. 96-45 and 97-21

Form 472
Funding Year #3
August 27, 2002

Form 472 Invoice Number: 285876
Service Provider Identification Number: 143008900
Applicant Form 472 Identifier: 472Yr3#1
Billed Entity Number: 127399

FRN: 418833
FRN: 419058
FRN: 419343

This Request for Waiver is being sent because there was a communication issue involved with the Year 3 application from Alltel Georgia Communication Corporation and Dalton Public Schools and also a lack of communication within Dalton Public Schools, which resulted in the 472 not being completed and submitted within the deadline. The following is a chronological sequence of events that caused this problem.

1. I (Penny Hamby) did not submit the Year 3 application and therefore did not know that Dalton Public Schools had not already completed the **486** for Year 3. I (Penny Hamby) began her employment with the Dalton Public Schools July 1, 2001. **A change** in administration **with** the technology department had occurred prior to me (Penny Hamby) beginning employment with the Dalton Public Schools.

No. of Copies rec'd _____
List ABCDE _____

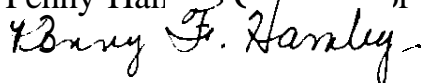
2. Dalton Public Schools (Penny Hamby) received Year 3 Funds Cancellation Warning Letter dated November 12, 2001(Exhibit **A**). Because of my prior experience with E-Rate I (Penny Hamby) was requested to complete the 486 for Year 3 and everything there after. I began reviewing papers and files and trying to get things in order so that I could complete the necessary paperwork.
3. Cindy Brenning called from Alltel Georgia Communication Corporation around the end of November or the first of December and asked if Dalton Public Schools would like their approved funding applied as a discount to their account or would like reimbursement through the 472 biannually. I responded and told her that Dalton Public Schools would like to have the discount applied. At this time I (Penny Hamby) was under the impression that she meant both years. (Exhibit A1)
4. Dalton Public Schools (Penny Hamby) completed the 486 for both Year 3 and Year 4 and submitted them at the same time December 6, 2001 (Exhibit B & C). Because Dalton Public Schools (Penny Hamby) had accepted the discount, no other paperwork by Dalton Public Schools (Penny Hamby) was necessary.
5. Dalton Public Schools (Penny Hamby) received a 486 Notification Letter for Year 4 on December 21, 2001. After waiting several weeks, I (Penny Hamby) placed a phone call to SLD and asked about the Year 3 486 and was told that it had been received and that they did not know where the notification letter was and that not all 486's submitted would receive a notification letter. Dalton Public Schools (Penny Hamby) did not receive a 486 Notification Letter for Year 3 ever.
6. On March 8, 2002 I (Penny Hamby) received a letter dated November 26, 2001(Exhibit D). Cheeka Scarbrough (Technology Department Secretary) stated when asked that she placed this letter on my desk on March 7, 2002(Exhibit E). I (Penny Hamby) immediately called Cindy Brenning and the SLD and was told to complete the 472 immediately and include correspondence explaining what had happened (Exhibit F). I (Penny Hamby) did that and submitted the **472** on March 14, 2002. A copy of the signed receipt **was** faxed to **me** (Penny Hamby) by Cindy Brenning which included who signed for the letter and when. (Exhibit G). Dalton Public Schools was not able to find out what happened to the letter.
7. On August 27, 2002 I received a Form 472 (BEAR Form) Notification Letter (Exhibit H) which stated that funding was denied because

Invoice received date later than FCC Extension; Invoice after last day for Fund Year.

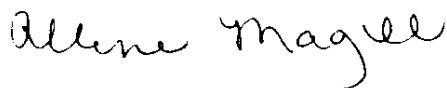
Dalton Public Schools would like ~~for~~ the FCC to consider a Waiver Request because of the above-mentioned miscommunication. Dalton Public Schools feels that this request should be made because our students will be the ones to suffer due to this miscommunication.

Thank you for your consideration in this situation,

Penny Hamby, Coordinator of Technology and Telecommunications

A handwritten signature in cursive script, appearing to read "Penny F. Hamby".

Dr. Allene Magill, Superintendent

A handwritten signature in cursive script, appearing to read "Allene Magill".

USAC Schools and Libraries
Correspondence Unit
Box 125
80 South Jefferson Road
Whippany, NJ 07981

Exhibit A 1/7

DALTON PUBLIC SCHOOL DISTRICT
Joe Ross
100 S HAMILTON ST
DALTON, GA 30720



Universal Service Administrative Company
Schools & Libraries Division

November 12, 2001

Year 3 Funds Cancellation Warning Letter
Funding Request Numbers (FRNs) with Recurring Charges

DALTON PUBLIC SCHOOL DISTRICT
Joe Ross
100 S HAMILTON ST
DALTON: **GA** 30720

RE: Billed Enrity Number: 127399

The purpose of this letter is to advise you that the Schools and Libraries Division of the Universal Service Administrative Company has determined that for the Funding Request Numbers (FRNs) shown in the attached Funding Synopsis, there has been no Form 486 (Receipt of Service Confirmation) filed. The Form 486 indicates a service start date, among other things. All costs covered by these FRNs were presented on your Form 471 as being recurring; the deadline for receipt of the services covered by these FRNs was June 30, 2001. The committed funds associated with these FRNs are now subject to possible cancellation.

Due Date of Decemher 14,2001 for Forms 486

As we have not received from you an indication that services have started, we believe that you may have decided not to take advantage of this commitment. If services have started, you must submit a Form 486 to be **postmarked** by Decemher 14,2001. You may obtain information about the Form 486 by checking our web site at www.sl.universalservice.org or by calling the Client Service Bureau at 888-203-8100.

Funds Cancellation

If SLD does not receive a Form 486 **postmarked** by the December 14 deadline, we will automatically cancel the FRNs shown in the attached Funding Synopsis. Both you and your service provider(s) will be notified about the cancellation.

Invoicing After Form 486

If you do file a Form 486, SLD will notify the service provider(s) listed on the Form 486. The SLD will honor invoices (BEARs or Service Provider Invoice Forms) that are postmarked or filed online within 90 day of the Form 486 Notification letter sent to the service provider. You should coordinate with your service provider(s) to be sure that invoices are completed in a timely fashion.

EXPLANATION OF INFORMATION PROVIDED IN THE FUNDING SYNOPSIS

On the following pages is a list of FRNs as indicated on your Form 471 application(s) for which we have not received a Form 486. We are sharing this same information with the service provider(s) listed. The following definitions are provided to help you understand this list. Most of these are identical to the definitions that were included in the Form 471 Receipt Acknowledgement Letter and the Funding Commitment Decision Letter earlier sent to you.

- * **Funding Request Number (FRN):** A Funding Request Number is assigned by the SLD to each page completed in Block 5 of the Applicant's Form 471 once an application has been processed. This number is used to report to Applicants and Service Providers the status of individual discount requests submitted on a Form 471.
- * **Form 471 Application Number:** A unique identifier assigned to a Form 471 application by the SLD.
- * **Name of 471 Applicant:** Name of entity that applied to the SLD, from Item 1 of the Form 471.
- * **Address of 471 Applicant:** Address of entity that applied to the SLD, from Item 4 of the Form 471. Includes street address, city, state and zip code.
- * **Entity Number:** A unique identifier assigned by the SLD for the Applicant (from Item 3 of the Form 471).
- * **Service Provider Name:** The name of the service provider as indicated in Item 14 on the Form 471.
- * **Service Provider Identification Number (SPIN):** A unique number used by the SLD to identify the service provider.
- * **Contract Number:** This will be present only if a contract number was provided on Form 471.
- * **Services Ordered:** The category of service ordered from the service provider, as shown on Form 471, Block 5.
- * **Contract Expiration Date:** The date the contract expires. This will be present only if a contract expiration date was provided on Form 471.
- * **Funding Commitment Decision:** This represents the total amount of funding that the SLD reserved to reimburse service providers for the discounts for this service through June 30, 2001 and is now subject to cancellation. Whatever amount is listed here, it is important that you and the service provider both recognize that if a Form 486 is filed, the SLD should be invoiced and the SLD may direct disbursement of discounts only on eligible, approved services actually delivered and installed.

Exhibit A 4/7

If you have any questions about this letter, please contact the Client Service Bureau at 888-201-8100.

Universal Service Administrative Company
Schools and Libraries Division

FUNDING COMMITMENT SYNOPSIS (Funding Year 3)

Funding Request Number: 418833
Form 471 Application Number: 190263
Name of 471 Applicant: DALTON PUBLIC SCHOOL DISTRICT
Applicant Street Address: 100 S HAMILTON ST
Applicant City: DALTON
Applicant State: GA
Applicant Zip: 30720
Entity Number: 127399
Service Provider Name: **Alltel** Georgia Communication Corp.
Service Provider Identification Number: 143001480
Contract Number: DPSCENTREX3660
Services Ordered: Telecommunication Services
Contract Expiration Date: 06/30/2005
Funding Commitment Decision: \$44,397.27

FUNDING COMMITMENT SYNOPSIS (Funding Year 3)

Funding Request Number: 419058
Form 471 Application Number: 190263
Name of 471 Applicant: DALTON PUBLIC SCHOOL DISTRICT
Applicant Street Address: 100 S HAMILTON ST
Applicant City: DALTON
Applicant State: **GA**
Applicant Zip: 30720
Entity Number: 127399
Service Provider Name: Alltel Georgia Communication Corp.
Service Provider Identification Number: 143001480
Contract Number: DPSLD1236
Services Ordered: Telecommunication Services
Contract Expiration Date: 06/30/2003
Funding Commitment Decision: \$16,312.50

FUNDING COMMITMENT SYNOPSIS (Funding Year 3)

Funding Request Number: 419343
Form 471 Application Number: 190263
Name of **471** Applicant: DALTON PUBLIC SCHOOL DISTRICT
Applicant Street Address: 100 S HAMILTON ST
Applicant City: DALTON
Applicant State: **GA**
Applicant Zip: 30720
Entity Number: 127399
Service Provider Name: Alltel Georgia Communication Corp.
Service Provider Identification Number: I43001480
Contract Number: T
Services Ordered: Internet Access
Contract Expiration Date:
Funding Commitment Decision: \$6,300.00

Exhibit A1 1/1

October 17, 2002

To Whom It May Concern:

Mrs. Penny Hamby from Dalton Public Schools requested that I prepare this letter to provide my knowledge of certain circumstances **surrounding** the **lack** of response for **funding** year 3 (July 1, 2000 **through** June 30, 2001) **regarding** the following FRNs:

418833

419058

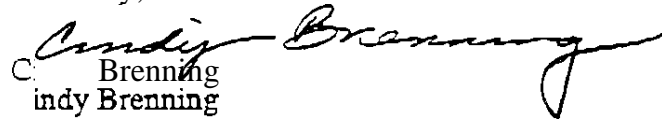
419343

Penny Hamby called from Dalton Public Schools on March 8, 2002 and requested information on a **certified** letter that she had **just** received. I sent **her** a copy of the **return** receipt, which included the signature of the receiving individual from **the certified** letter because **Mrs. Hamby** did not understand why she **had** just received the notification letter **dated** November 26, 2001.

Mrs. Hamby was concerned **because** she did not receive the certified letter in time to respond to the correspondence before the deadline. Therefore, **Mrs. Hamby** also **asked** me what to do **concerning** the **missed** deadline. I **recommended** to her that she send the **472** immediately with a letter of explanation attached. I **informed her** that **she** would probably receive a letter of **denial** but **then** could then file **an** appeal. I also recommended that she contact the **SLD** **regarding** her question.

Mrs. Hamby **filled** out the 472, sent me copies to sign **and** fax back immediately. I completed the forms **and** returned them to her on March 8, 2002.

Sincerely,


C. Brenning
indy Brenning

ALLTEL E-rate Department

Administering the **USXC** Programs for Schools, Libraries **and** Rural Health Care Facilities

500 South 16th Street

Lincoln, NE 68508

Phone: 402.436.4466

Fax: 402.436.4074

Email: corp.e-rate@alltel.com

FCC Form

486

Do Not Write In This Area

Approval by OMB

3060-0853

Schools and Libraries Universal Service Receipt of Service Confirmation Form

FCC Form 486 To be completed by the Billed Entity
Please read instructions before completing.

Estimated Average Burden Hours For First Submission: 15.0 hours
For Subsequent Submissions: 1.5 hours

Applicant's Fmr Identifier 486Yr3#1

(Create your own code to identify THIS Form 486)

Form 486 Application # _____

(To be inserted by Fund Administrator)

1. Name of Billed Entity
Dalton Public School district

2. Billed Entity Number
127399

3. Funding Year
07101/2000-06/30/200

5. Contact Person Information

Contact Person Name
Penn F Hambv

Mailing Address (if different from Item 4)

Street Address, P. O. Box or Route Number
105 North Thornton Avenue

City
Dalton

State
GA

Zip Code
30720

10-Digit Telephone Number
(706) 271-2213

Fax Telephone Number
(706) 2264583

☒ E-Mail Address
phamby@dalton.k12.ga.us

Check the box next to the preferred mode of contact. (At least one box MUST be checked.)

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

NOTICE: The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended, 47 U.S.C. § 254. The data in the form will be used to inform the Schools and Libraries Division of the Universal Service Administrative Company that a billed entity, and/or the schools and libraries that it represents, has begun or has planned to begin to receive service after receiving a funding commitment approval pursuant to FCC Form 471.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. **We** will use the information you provide to determine whether approving this application is in the public interest. **If we** believe there may be a violation or potential violation of an FCC statute, regulation, rule or order, your application may be referred to the federal, state, or local agency responsible for investigating, prosecuting, enforcing or implementing the statute, rule, regulation or order. In certain cases, the information in your application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC, or (b) any employee of the FCC, or (c) the United States Government, is a party in a proceeding before the body or has an interest in the proceeding.

If you do not provide the information requested on the form, your application may be returned without action or your application may be delayed.

The foregoing Notice is required by the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, *et seq*.

Public reporting burden for this collection of information is estimated to average 15.0 hours for the first submission and 1.5 hours or subsequent submissions, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden, to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, D.C. 20554.

Entity Number 127399 Applicant's Form Identifier 486Yr3#1
 Contact Person Penny F. Hamby Phone Number (706) 271-2213

Block 2a: FUNDING YEAR 4 ONLY — Early Filing Information

ITEM 6.4: FOR FUNDING YEAR 4 (THE FUNDING YEAR BEGINNING JULY 1, 2001)

6A. **EARLY FILING.** CHECK THE BOX BELOW IF THE FRNs ON THIS FORM 486 ARE FOR SERVICES STARTING *ON OR BEFORE* OCTOBER 28, 2001

- ☐ The Funding Requests listed in Block 3 below have been approved by SLD as shown in my Funding Commitment Decision Letter (FCDL). I have confirmed with the service provider(s) featured in those Funding Requests that these services will start on or before October 28, 2001

Remember: Early filing for Funding Year 4 using Item 6.4 is an option if and **ONLY** if services will start on or before October 28, 2001. All relevant certifications in Block 4 can be accurately made, and the Form 486 is postmarked on or before October 28, 2001.

Block 2b: FUNDING YEAR 5 AFTER FUNDING YEAR 4 — Early Filing Information and CIPA Waiver Request

ITEMS 6B and 6C: FOR FUNDING YEARS AFTER FUNDING YEAR 3 (FUNDING YEARS BEGINNING JULY 1, 2002 OR LATER)

6B. **EARLY FILING.** CHECK THE BOX BELOW IF THE FRNS ON THIS FORM 486 ARE FOR SERVICES STARTING *ON OR BEFORE* JULY 31 OF THE FUNDING YEAR.

- ☐ The Funding Requests listed in Block 3 below have been approved by SLD as shown in my Funding Commitment Decision Letter (FCDL). I have confirmed with the service provider(s) featured in those Funding Requests that these services will start on or before July 31 of the Funding Year.

Remember: Early filing for Funding Years after Funding Year 4 using Item 6B is an option if and **ONLY** if services will start within the month of **July** of the relevant Funding Year. All relevant certifications in Block 4 can be accurately made, and the Form 486 is postmarked on or before July 31 of the Funding Year.

6C. **CIPA WAIVER.** CHECK THE BOX BELOW IF YOU ARE REQUESTING A WAIVER OF CIPA REQUIREMENTS FOR THE SECOND FUNDING YEAR AFTER APRIL 20, 2001 IN WHICH YOU HAVE APPLIED FOR DISCOUNTS IF YOU AS THE BILLED ENTITY ARE THE ADMINISTRATIVE AUTHORITY.

- ☐ I am providing notification that, as of the date of the start of discounted services, I am unable to make the certifications required by the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l), because my state or local procurement rules or regulations or competitive bidding requirements prevent the making of the certification(s) otherwise required. I certify that the schools or libraries represented in the Funding Request Number(s) on this Form 486 will be brought into compliance with the CIPA requirements before the start of the Third Funding Year after April 20, 2001 in which they apply for discounts.

EXHIBIT 17 11010007

| | | | |
|-------------------------|--|----------------------------------|--------------------------------|
| Entity Number 127399 | Applicant's Form Identifier 486Y3#1 | Contact Person Penny F. Hamby | Phone Number (706) 271-2213 |
|-------------------------|--|----------------------------------|--------------------------------|

Block 3: Service Information

7. Please provide the following information for each Form 471 Block 5 (Discount Funding Request) item for which the Billed Entity is indicating that the named Service Provider may begin submitting invoices to SLD. You will need your ECDL for some of the information required below.

Remember: The FRNs listed below must be from the same Funding Year as is listed in Item 3, Block 1.

If you need additional pages, please label them 3A, 3B, 3C, etc, and indicate the number in the space provided here. Page 3 _____

| (A) 471 Application Number (10 digits) From ECDL | (B) Funding Request Number (FRN) (10 digits) From ECDL | (C) Billing Account Number (required if contained on your ECDL) | (D) Service Provider Name From ECDL | (E) Service Provider Identification Number (SPIN) (9 digits) From ECDL | (F) Funding Year Service Start Date* (Earliest Date that Discounts Will Begin) (* cannot be before July 1 of the Funding Year for which you are requesting discounts) (mm/dd/yyyy) |
|---|--|---|---|--|---|
| 0000190263 | 0000418833 | 7062788766 | Allel Georgia Communication Corporation | 143001480 | 07/01/2000 |
| 0000190263 | 0000419058 | 7062788766 | Allel Georgia Communication Corporation | 143001480 | 07/01/2000 |
| 0000190263 | 0000419343 | 7062788766 | Allel Georgia Communication Corporation | 143001480 | 07/01/2000 |
| 0000190263 | 0000419601 | 7062788766 | BellSouth Mobility, Incorporated | 143000686 | 07/01/2000 |
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| | | | | | |

Entity Number 127399 Applicant's Form Identifier 486Yr3#1
 Contact Person Penny F. Hamby Phone Number (706) 271-2213

Block 4: Certifications and Signature

- 8 I certify that the technology plan(s) for the services received as indicated on this Form 486 have been approved as necessary. Fill in the name(s) of the organization(s) that reviewed and approved a technology plan for any eligible entity that is receiving services covered under this form; attach an additional list if necessary. If ALL of the FRNs listed herein are for basic telephone service only, write in "none." here
State of Georgia Department of Education

I certify that the services listed on this Form 486 have been, are planned to be, or are being provided to all or some of the eligible entities identified in the Form 471 application(s) cited above. I certify that there are signed contracts covering all of the services listed on this Form 486 except for those services provided under tariff or month-to-month arrangements. I certify that I am authorized to submit this receipt of service confirmation on behalf of the above-named Billed Entity, that I have examined this request, and that, to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

- 10 I understand that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the services receive an appropriate share of benefits from those services. I recognize that I may be audited pursuant to this application and will retain for five years any and all records, including Forms 479 where required, that I rely upon to complete this form and, if audited, will make available to the Administrator such records.

NOTES FOR COMPLETING THE CERTIFICATIONS IN ITEM 11

- A Billed Entity who is the Administrative Authority must check Item 11a or 11b or 11c. Check only ONE item. If the Billed Entity is not the Administrative Authority, skip to Item 11d.
- A Billed Entity who represents one or more Administrative Authorities must check Item 11d or 11e. (See the Form 486 Instructions for Item 11, "Special Notes for Billed Entities Who Represent One or More Administrative Authorities.")
- A Billed Entity who represents one or more Administrative Authorities in Funding Years after Funding Year 4 and who checks Item 11d must check Item 11f or 11g. (See the Form 486 Instructions for Item 11, "Special Notes for Billed Entities Who Represent One or More Administrative Authorities.")
- IF THIS FORM PERTAINS TO A FUNDING YEAR PRIOR TO FUNDING YEAR 1 (THE FUNDING YEAR BEGINNING JULY 1, 2001), SKIP TO ITEM 11.

11 FOR A BILLED ENTITY WHO IS THE ADMINISTRATIVE AUTHORITY:

I certify that as of the date of the start of discounted services:

- a ☐ the recipient(s) of service represented in the Funding Request Number(s) on this Form 486 has (have) complied with the requirements of the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l)
- b ☐ pursuant to the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l), the recipient(s) of service represented in the Funding Request Number(s) on this Form 486 is (are) undertaking such actions, including any necessary procurement procedures, to comply with the requirements of CIPA for the next funding year, but has (have) not completed all requirements of CIPA for this funding year.
- c ☐ the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l), does not apply because the recipient(s) of service represented in the Funding Request Number(s) on this Form 486 is (are) receiving discount services only for telecommunications services.

Entity Number 127399

Applicant's Form Identifier 486Yr3#1

Contact Person Penny: Hamby

Phone Number (706) 271-2213

FOR A BILLED ENTITY WHO REPRESENTS ONE OR MORE ADMINISTRATIVE AUTHORITIES¹:

- d ☐ I certify as the Billed Entity for the consortium that I have collected duly completed and signed Forms 479 from all eligible members of the consortium.
- e ☐ I certify as the Billed Entity for the consortium that the only services that I have been approved for discounts under the universal service support mechanism on behalf of eligible members of the consortium are telecommunications services, and therefore the requirements of the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l), do not apply.

For Funding Years after Funding Year 4: If you checked Item 1 Id above, check ONE of the boxes below:

- f ☐ I certify that some or all of the eligible consortium members checked Form 479 Item 6d to seek a CIPA Waiver, and upon request from the Administrator I can provide this information: OR
- g ☐ I certify that no eligible consortium members checked Form 479 Item 6d to seek a CIPA Waiver.

The certification language above is not intended to fully set forth or explain all the requirements of the statute.

¹ See the Form 486 Instructions for Item 11. "Special Notes for Billed Entities Who Represent One or More Administrative Authorities."

Allene Magill

12-06-01

Dr. Allene Magill

Allene Magill

15. Title or position of authorized person

Superintendent

16. Telephone number of authorized person

(706) 271-2601

Please submit this form to.

SLD-Form 486
P. O. Box 7026
Lawrence, Kansas 66044-7026

For express delivery services or U.S. Postal Service, Return Receipt Requested, send this form to:

SLD-Form 486
c/o Ms. Smith
3833 Greenway Drive
Lawrence, Kansas 66046
888-203-8100

486

3060-0853

Applicant's Form Identifier 486Yr4Tel

Form -186 Application # _____

Create your own code to identify THIS Form 486)

(To be inserted by Fund Administrator)

Block 1: Billed Entity Information

| | | | |
|--|--|---|--|
| 1. Name of Billed Entity Dalton Public School District | | 2. Billed Entity Number 127399 | 3. Funding Year 07/01/2001-06/30/2002 |
| 4. Complete Mailing Address of Billed Entity | | | |
| Street Address, P. O. Box or Route Number 100 South Hamilton Street | | City Dalton | State GA |
| | | Zip Code 30720 | |
| 10-Digit Telephone Number (706) 279-8766 | Fax Telephone Number (706) 226-4583 | E-Mail Address | |
| 5. Contact Person Information | | | |
| Contact Person Name Penny F. Hamby | | | |
| Mailing Address (if different from Item 4) | | | |
| Street Address, P. O. Box or Route Number 105 North Thornton Avenue | | City Dalton | State GA |
| | | Zip Code 30720 | |
| 10-Digit Telephone Number (706) 271-2213 | Fax Telephone Number (706) 226-1583 | E-Mail Address phamby@dalton.k12.ga.us | |

Check the box next to the preferred mode of contact. (At least one box MUST be checked.)

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

NOTICE: The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended, 47 U.S.C. § 254. The data in the form will be used to inform the Schools and Libraries Division of the Universal Service Administrative Company that a billed entity, and/or the schools and libraries that it represents, has begun or has planned to begin to receive service after receiving a funding commitment approval pursuant to FCC Form 471.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. We will use the information you provide to determine whether approving this application is in the public interest. If we believe there may be a violation or potential violation of an FCC statute, regulation, rule or order, your application may be referred to the federal, state, or local agency responsible for investigating, prosecuting, enforcing or implementing the statute, rule, regulation or order. In certain cases, the information in your application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the information is necessary to the enforcement of the statute, rule, regulation or order; or (b) any employee of the FCC; or (c) the United States Government, is a party in a proceeding before the body or has an interest in the proceeding.

If you do not provide the information requested on the form, your application may be returned without action or your application may be delayed.

The foregoing Notice is required by the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, *et seq.*

The public reporting burden for this collection of information is estimated to average 15.0 hours for the first submission and 1.5 hours for subsequent submissions, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden, to the Federal Communications Commission, Performance Evaluation and Record Management, Washington, D.C. 20554.

| | | | |
|----------------|----------------|-----------------------------|----------------|
| Entity Number | 127399 | Applicant's Form Identifier | 486Yr4Tel |
| Contact Person | Penny F. Hamby | Phone Number | (706) 271-2213 |

Block 1a: FUNDING YEAR 4 ONLY — Early Filing Information

ITEM 6A: FOR FUNDING YEAR 4 (THE FUNDING YEAR BEGINNING JULY 1, 2001)

6A. **EARLY FILING.** CHECK THE BOX BELOW IF THE FRNS ON THIS FORM 486 ARE FOR SERVICES STARTING *ON OR BEFORE* OCTOBER 28, 2001

- ☐ The Funding Requests listed in Block 3 below have been approved by SLD as shown in my Funding Commitment Decision Letter (FCDL). I have confirmed with the service provider(s) featured in those Funding Requests that these services will start on or before October 28, 2001

Remember: Early filing for Funding Year 4 using Item 6A is an option **if** and **ONLY** if services will start on or before October 28, 2001, all relevant certifications in Block 4 can be accurately made, and the Form 486 is postmarked on or **before** October 28, 2001.

Block 2b: FUNDING YEARS AFTER FUNDING YEAR 4 — Early Filing Information and CIPA Waiver Request

ITEMS 6B and 6C: FOR FUNDING YEARS AFTER FUNDING YEAR 4 (FUNDING YEARS BEGINNING JULY 1, 2002 OR LATER)

6B. **EARLY FILING.** CHECK THE BOX BELOW IF THE FRNS ON THIS FORM 486 ARE FOR SERVICES STARTING *ON OR BEFORE* JULY 31 OF THE FUNDING YEAR.

- ☐ The Funding Requests listed in Block 3 below have been approved by SLD as shown in my Funding Commitment Decision Letter (FCDL). I have confirmed with the service provider(s) featured in those Funding Requests that these services will start on or before July 31 of the funding Year.

Remember: Early filing for Funding Years after Funding Year 4 using Item 6B is an option **if** and **ONLY** if services will start within the month of **July** of the relevant Funding Year, all relevant certifications in Block 4 can be accurately made, and the Form 486 is postmarked on or before July 31 **of** the Funding Year.

6C. **CIPA WAIVER.** CHECK THE BOX BELOW IF YOU ARE REQUESTING A WAIVER OF CIPA REQUIREMENTS FOR THE SECOND FUNDING YEAR AFTER APRIL 20, 2001 IN WHICH YOU HAVE APPLIED FOR DISCOUNTS IF YOU AS THE BILLED ENTITY ARE THE ADMINISTRATIVE AUTHORITY

- ☐ I am providing notification that, as of the date of the start of discounted services, I am unable to make the certifications required by the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (i), because my state or local procurement rules or regulations or competitive bidding requirements prevent the making of the certification(s) otherwise required. I certify that the schools or libraries represented in the Funding Request Number(s) on this Form 486 will be brought into compliance with the CIPA requirements before the start of the Third Funding Year after April 20, 2001 in which they apply for discounts.

Entity Number 127399 Applicant's Form Identifier 486Yr4Tel
 Contact Person Penny F. Hamby Phone Number (706) 271-2213

Block 3: Service Information

7. Please provide the following information for each Form 471 Block 5 (Discount Funding Request) item for which the Billed Entity is indicating that the named Service Provider may begin submitting invoices to SLD. You will need your FCDE for some of the information required below.

Remember: The FRNs listed below must be from the same Funding Year as is listed in Item 3, Block 1.

If you need additional pages, please label them 3A, 3B, 3C, etc. and indicate the number in the space provided here. Page 3

| | (A) 471 Application Number (10 digits) From FCDE | (B) Funding Request Number (FRN) (10 digits) From FCDE | (C) Billing Account Number (required if contained on your FCDE) | (D) Service Provider Name From FCDE | (E) Service Provider Identification Number (SPIN) (9 digits) From FCDE | (F) Funding Year Service Start Date* (Earliest Date that Discounts Will Begin) (*Cannot be before July 1 of the Funding Year for which you are requesting discounts.) (mm/dd/yyyy) |
|---|---|--|---|---|--|---|
| 1 | 0000254793 | 0000633466 | 7062788766 | Alltel Georgia Communication Corporation | 143001480 | 07/01/2001 |
| 2 | 0000254793 | 0000633556 | 7062788766 | Alltel Georgia Communication Corporation | 143001480 | 07/01/2001 |
| 3 | 0000254793 | 0000633736 | 7062788766 | Alltel Georgia Communication Corporation | 143001480 | 07/01/2001 |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |

Exhibit C 3/5

Exhibit C
4/5

| | |
|---------------------------------|---|
| Entity Number 127399 | Applicant's Form Identifier 486Y4Tel |
| Contact Person Penny F Hamby | Phone Number (706) 271-2213 |

Block 4: Certifications and Signature

8. I certify that the technology plan(s) for the services received as indicated on this Form 486 have been approved as necessary. Fill in the name(s) of the organization(s) that reviewed and approved a technology plan for any eligible entity that is receiving services covered under this form; attach an additional list if necessary. If ALL of the FRNs listed herein are for basic telephone service only, write in "none" here.

State of Georgia Department of Education

9. I certify that the services listed on this Form 486 have been, are planned to be, or are being provided to all or some of the eligible entities identified in the Form 471 application(s) cited above. I certify that there are signed contracts covering all of the services listed on this Form 486 except for those services provided under tariff or month-to-month arrangements. I certify that I am authorized to submit this receipt of service confirmation on behalf of the above-named Billed Entity, that I have examined this request, and that, to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

10. I understand that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the services receive an appropriate share of benefits from those services. I recognize that I may be audited pursuant to this application and will retain for five years any and all records, including Forms 479 where required, that I rely upon to complete this form and, if audited, will make available to the Administrator such records.

NOTES FOR COMPLETING THE CERTIFICATIONS IN ITEM 11

- A Billed Entity who is the Administrative Authority must check item 11a or 11b or 11c. Check only ONE item. If the Billed Entity is not the Administrative Authority, skip to item 11d.
- A Billed Entity who represents one or more Administrative Authorities must check item 11d or 11e.
- (See the Form 486 Instructions for Item 11. "Special Notes for Billed Entities Who Represent One or More Administrative Authorities.")
- A Billed Entity who represents one or more Administrative Authorities in Funding Years after Funding Year 4 and who checks item 11d must check item 11f or 11g. (See the Form 486 Instructions for Item 11. "Special Notes for Billed Entities Who Represent One or More Administrative Authorities.")
- IF THIS FORM PERTAINS TO A FUNDING YEAR PRIOR TO FUNDING YEAR 4 (THE FUNDING YEAR BEGINNING JULY 1, 2001), SKIP TO ITEM 12.

11. FOR A BILLED ENTITY WHO IS THE ADMINISTRATIVE AUTHORITY:

I certify that as of the date of the start of discounted services:

- a ☐ the recipient(s) of service represented in the Funding Request Number(s) on this Form 486 has (have) complied with the requirements of the Children's Internet Protection Act as codified at 47 U.S.C. § 254(h) and (i).
- b ☒ pursuant to the Children's Internet Protection Act as codified at 47 U.S.C. § 254(h) and (i), the recipient(s) of service represented in the Funding Request Number(s) on this Form 486 is (are) undertaking such actions, including any necessary procurement procedures, to comply with the requirements of CIPA for the next funding year, but has (have) not completed all requirements of CIPA for this funding year.
- c ☐ the Children's Internet Protection Act as codified at 47 U.S.C. § 254(h) and (i), does not apply because the recipient(s) of service represented in the Funding Request Number(s) on this Form 486 is (are) receiving discount services only for telecommunications services.

Entity Number 127788 Applicant's Form Identifier 486Yr4Tel
 Contract Person Penny- Hamby Phone Number (706) 271-2213

FOR A BILLED ENTITY WHO REPRESENTS ONE OR MORE ADMINISTRATIVE AUTHORITIES¹:

- d ☐ I certify as the Billed Entity for the consortium that I have collected duly completed and signed Forms 479 from all eligible members of the consortium.
- e ☐ I certify as the Billed Entity for the consortium that the only services that I have been approved for discounts under the universal service support mechanism on behalf of eligible members of the consortium are telecommunications services, and therefore the requirements of the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l), do not apply.

For Funding Years after Funding Year 4: If you checked Item 11d above, check ONE of the boxes below:

- f ☐ I certify that some or all of the eligible consortium members checked Form 479 Item 6d to seek a CIPA Waiver, and upon request from the Administrator I can provide this information: OR
- g ☐ I certify that no eligible consortium members checked Form 479 Item 6d to seek a CIPA Waiver.

The certification language above is not intended to fully set forth or explain all the requirements of the statute.

See the Form 486 Instructions for Item 11, "Special Notes for Billed Entities Who Represent One or More Administrative Authorities."

| | |
|---|-----------------------------|
| 12. Signature of authorized person <i>Allene Magill</i> | 13. Date <i>12-06-01</i> |
| 14. Printed name of authorized person Dr. Allene Magill <i>Allene Magill</i> | |
| 15. Title or position of authorized person Superintendent | |
| 16. Telephone number of authorized person (706) 271-2601 | |

Please submit this form to:

SLD-Form 486
 P. O. Box 7026
 Lawrence, Kansas 66044-7026

For express delivery services or U.S. Postal Service. Return Receipt Requested, send this form to:

SLD-Form 486
 c/o Ms. Smith
 3833 Greenway Drive
 Lawrence, Kansas 66046
 888-203-8100



November 26, 2001

MR. JOE ROSS

or

SUPERINTENDENT OF SCHOOLS
DALTON PUBLIC SCHOOL DISTRICT
100 S HAMILTON ST
DALTON GA 30720

The SLD has just announced January 31, 2002 as the closing date for BEARs or service provider invoices for **funding year 3 (July 1,2000 through June 30,2001)**. According to our records, we have the following FRN(s) that is still outstanding:

| FRN | Pre-discount Amount | CAP |
|--------|---------------------|-------------|
| 418833 | \$59,196.36 | \$44,397.27 |
| 419058 | \$21,750.00 | \$16,312.50 |
| 419343 | \$8,400.00 | \$6,300.00 |

In order to ensure that you receive any eligible money, please advise of the following:

1. FRN was cancelled or reduced
2. BEAR has been or will be hied
3. You would like ALLTEL to discount your bill(s)
3. Our records are incorrect and you have either received money for this FRN via bill discounts or BEAR check reimbursement.

Thank you for verifying our records end please confirm by either calling 402.436.4466 or e-mailing me at e-rate@alltel.com. Please respond no later than **December 14, 2001**; otherwise ALLTEL will assume that no further action is required on our part

Very truly yours,

Cindy Brenning
ALLTEL E-rate

Received by Penny Harley March 8 2002 RL



September 30, 2002

To Whom It May Concern:

On March 7th, 2002 per the request of Lori Welch I was asked to sort through folders and miscellaneous items on her desk and to remove all items that had dates that were a month old and destroy. As I was reviewing the items, located in one of the folders, which evidently had not been reviewed for numerous months, was a letter with a stamp that read: "Received December 2001". I scanned the letter and realized that it pertained to E-rare. I immediately took the letter to Penny Hamby for her to handle.

I have no idea as to why the letter was overlooked by Ms. Welch except to mention that she was experiencing health problems and was not in attendance on numerous occasions due to her health and that particular folder had not been reviewed in a timely manner by Ms. Welch.

As for as myself, I was out on medical leave when the letter arrived and the person that was performing my duties evidently did not understand the importance of the letter. I had no idea that Ms. Welch was not reviewing her mail in a timely manner.

Regards,

A handwritten signature in black ink that reads "Cheeka Scarbrough". The signature is fluid and cursive, with a long horizontal stroke extending from the end.

Cheeka Scarbrough
Secretary
Technology Department
Dalton Public School System

Received letter and certified to Joe Ross
Signed by Lisa Martin on Dec. 3, 2001

Exhibit F
1/10

My record on March 8, 2002

Check laid on my desk on March 7, 2002

Called Cindy Brenning & SLD

Question - Did not receive confirmation letter on
486. What do I do now?

Answer - File 472, if denied, file appeal
and letter attached explaining situation

After speaking with Cindy Brenning in November,
I thought all the bills would be discounted.

Am filing 472 immediately.

486 Confirmation
needed Confirmation letter

402-436-4074

Did not receive ~~to~~ letter until March 8, 2002

3-8-2002 Cindy Brenning

Just received Letter dated November 26, 2001

Exhibit F 3/1

TRANSACTION REPORT

P.01

MAR-05-2002 FRI 03:53 PM

DATE START RECEIVER

TX TIME PAGE TYPE

NOTE

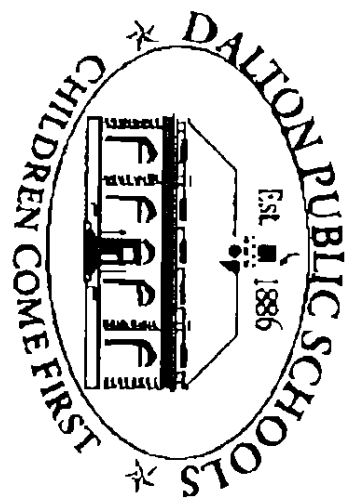
44

SHND

LIK

ALC

TOTAL : 40S PAGES: 2



TECHNOLOGY & TELECOMMUNICATIONS

FAX COVER SHEET

105 North Thornton Avenue
Dalton, Georgia 30720
(707) 271-2216
(706) 271-2218 -Fax

Date: March 8, 2002

To: Leidy Brenning

From: Henry Stanley

Pages: 2
(Including Cover Sheet)



TECHNOLOGY & TELECOMMUNICATIONS

FAX COVER SHEET

105 North Thornton Avenue
Dalton, Georgia 30720
(707) 271-2216
(706) 271-2218 -Fax

Date: March 8, 2002

To: Cindy Brenning

From: Henry Hamby

Pages: 2

(Including Cover Sheet)

Message: Cindy, The SLD told me the same
thing you did. I will send the letter
we discussed with the 472 and we can
try. At least we can appeal.

Thank you,
Henry

BILLED ENTITY APPLICANT Reimbursement Form

471 Billed Entity Applicant Name Dalton Public School District

471 Billed Entity Applicant Number 127399

Contact Person Name Penny F. Hamby

Contact Telephone Number (706) 271-2213

Reimbursement Form Number 472Yr3#1

Block 4: Service Provider Acknowledgment

I certify that I am authorized to submit this Service Provider Acknowledgment for this Billed Entity Applicant Reimbursement Form, and acknowledge to the best of my knowledge, information and belief, as follows:

- A. The service provider must remit the discount amount authorized by the fund administrator to the Billed Entity Applicant who prepared and submitted this Billed Entity Applicant Reimbursement Form as soon as possible after the fund administrators notification to the service provider of the amount of the approved discounts on this Billed Entity Applicant Reimbursement Form, but in no event later than 10 calendar days after receipt of the reimbursement payment from the fund administrator, subject to the restriction set forth in B. below.
- B. The service provider must remit payment of the approved discount amount to the Billed Entity Applicant prior to tendering or making use of the payment issued by the Universal Service Administrative Company to the service

| | |
|---|---|
| 22 Signature of authorized person (fax, copy or original signature) | 23 Date (required) |
| 24. Printed name of authorized person (required) | 25. Title or position of authorized person (required) |
| 26 Telephone number of authorized person (required) | |
| 27 Address of authorized person (required) | |

A paper copy of this Form (pages 1-4) should mailed to:

SLC-BEAR Form
P. O. Box 7026
Lawrence, KS 66044-7026

If sent by express delivery services or U.S. Postal Service, Return Receipt Requested, the form (pages 1-4) should be mailed to:

SLC-BEAR Form
c/o Ms. Smith
3833 Greenway Drive
Lawrence, KS 66046

Universal Service for Schools and Libraries

Estimated Average Burden Hours Per Response: 1.5 hours

Please read instructions before completing.

(To be completed by schools, libraries, or consortia.)

BILLED ENTITY APPLICANT REIMBURSEMENT FORM

For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.

Only one Service Provider Identification Number (SPIN) per form.

Must be completed and signed by the Billed Entity Applicant and signed by the relevant service provider.

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 USC Sec. 1001.

NOTICE TO INDIVIDUALS. Section 69.619 of the Federal Communications Commission's rules requires Re fund administrator to review bills for services and to determine the amount of universal service support to be disbursed to service providers. All schools and libraries and consortia of these entities who have received a Funding Commitment Decisions Letter from We fund administrator and that have paid for in full the price of eligible services Which are approved for discounts, and that seek reimbursement of the discounts. must file this Billed Entity Applicant Reimbursement Form. This Billed Entity Applicant Reimbursement Form informs the fund administrator of the amount of the discounts which the applicant has already paid and for which the applicant seeks reimbursement from its service Provider. The collection of information stems from the Commission's authority under Section 254 of Re Communications Act of 1934, as amended 47 U.S.C. § 254

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The FCC is authorized under the Communications Act of 1934, as amended, to collect the personal information we request in this form. We will use the information you provide to determine whether approving this form is in the public interest. If we believe there may be a violation or potential violation of a FCC statute, regulation, rule or order, your form may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing or implementing the statute, rule, regulation or order. In certain cases, We information in your form may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government, is a party in a proceeding before the body or has an interest in the proceeding.

If you owe a past due debt to We federal government, the taxpayer identification number and other information you provide may also be disclosed to We Department of the Treasury Financial Management Service, other federal agencies and/or your employer to offset your salary IRS tax refund or other payments to collect that debt. The FCC may also provide this information to these agencies through the matching or computer records when authorized. If you do not provide Re information requested on the form, your form may be returned without action or your form may be delayed. The foregoing Notice is required by the Privacy Act of 1974, Pub. L. No. 93-579, December 31, 1974, 5 U.S.C. § 552, and the Paperwork Reduction Act of 1995, Pub. L. No. 104-13.44 U.S.C. § 3501. et seq.

Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden, to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, D.C. 20554

BLOCK 1: HEADER INFORMATION

1. 471 Billed Entity Applicant Name (30 characters maximum) Dalton Public School District
2. 471 Billed Entity Applicant Number (10 digits maximum) 127399
3. Service Provider Identification Number (SPIN) (9 digits maximum) 143001480
4. Contact Name (30 characters maximum) Penny F. Hamby
5. Contact Telephone Number (14 digits maximum) 706-271-2216
6. Reimbursement Form Number (assigned by Billed Entity Applicant - 25 characters maximum) 472Yr3#1
7. Reimbursement Form Date to SLC (mm/dd/yyyy) 03/14/2002
8. Total Reimbursement Amount (total of Block 2, Item 15-- 14.2 digits maximum) \$73,179.40

EXHIBIT 1

Billed Entity Applicant Reimbursement Form

For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.

471 Billed Entity Applicant Name Dalton Public School District 471 Billed Entity Applicant Number 127399 Contact Name Penny F. Hamby

Contact Telephone Number 706-271-2216 Reimbursement Form Number 472Yr3#1

BLOCK 2: LINE ITEM INFORMATION PER FUNDING REQUEST NUMBER

| | (9) FCC Form 471 Application Number (10 digits) (from Funding Commitment Decisions Letter) | (10) Funding Request Number (FRN) (10 digits) (from Funding Commitment Decisions Letter) | (11) Bill Frequency | (12) Customer Billed Date (mm/yyyy) | (13) Shipping Date to Customer or Last Day of Work Performed (mm/dd/yyyy) | (14) Total (Undiscounted) Amount for Service (14.2 digits max.) | (15) Discount Amount Billed to SLC (14.2 digits max.) |
|--|---|--|---------------------------------|---|--|--|--|
| | | | DO NOT WRITE IN THIS COLUMN. | For each FRN, complete either Column (12) or Column (13), but not both Columns | | 14.2 digits allows for dollars and cents | |
| 1 | 0000190263 | 0000418833 | | 07/2000 | | \$87,760.72 | \$65,820.54 |
| 2 | 0000190263 | 0000419058 | | 07/2000 | | \$7,603.21 | \$5,702.41 |
| 3 | 0000190263 | 0000419343 | | 07/2000 | | \$2,208.60 | \$1,656.45 |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |
| 11 | | | | | | | |
| 12 | | | | | | | |
| 13 | | | | | | | |
| 14 | | | | | | | |
| TOTAL REIMBURSEMENT AMOUNT TO BE ENTERED INTO ITEM (8) | | | | | | | \$73,179.40 |

1/10
Exhibit 1

BILLED ENTITY APPLICANT Reimbursement Form471 Billed Entity Applicant Name Dalton Public School District471 Billed Entity Applicant Number 127399Contact Person Name Penny F. HambyContact Telephone Number 706-271-2216Reimbursement Form Number 472Yr3#1**Block 3: Billed Entity Applicant Certification**

I certify that I am authorized to submit this Billed Entity Applicant Reimbursement Form on behalf of the eligible schools, libraries, or consortia of those entities represented on this Form, and certify to the best of my knowledge, information and belief, as follows:

- A. The discount amounts listed in Column (15) of this Billed Entity Applicant Reimbursement Form represent charges for eligible services delivered to and used by eligible schools, libraries, or consortia of those entities for educational purposes, on or after the actual service start date reported on the associated Form 486.
- B. The discount amounts listed in Column (15) of this Billed Entity Applicant Reimbursement Form were already billed by the service provider and paid by the Billed Entity Applicant on behalf of eligible schools, libraries, and consortia of those entities.
- C. The discount amounts listed in Column (15) of this Billed Entity Applicant Reimbursement Form are for eligible services approved by the fund administrator pursuant to a Form 471 Funding Commitment Decisions Letter.
- D. I recognize that I may be audited pursuant to this application and will retain for five years any and all records that I rely upon to fill in this form.

16. Signature of authorized person (original ink signature required)

Allene Magill

17. Date (required)

03/14/2002

18. Printed name of authorized person (required)

Dr. Allene Magill

19. Title or position of authorized person (required)

Superintendent

20. Telephone number of authorized person (required)

706-271-2601

21. Address of authorized person (required)

100 South Hamilton Street. Dalton, GA 30720

BILLED ENTITY APPLICANT Reimbursement Form471 Billed Entity Applicant Name Denton Public School District471 Billed Entity Applicant Number 127099Contact Person Name Penny R. RameyContact Telephone Number (735) 271-2216 2216Reimbursement Form Number 472Y434**Block A: Service Provider Acknowledgment**

I certify that I am authorized to submit this Service Provider Acknowledgment for this Billed Entity Applicant Reimbursement Form, and acknowledge to the best of my knowledge, information and belief, as follows:

- A. The service provider must remit the discount amount authorized by the fund administrator to the Billed Entity Applicant who prepared and submitted this Billed Entity Applicant Reimbursement Form as soon as possible after the fund administrator's notification to the service provider of the amount of the approved discounts on this Billed Entity Applicant Reimbursement Form, but in no event later than 10 calendar days after receipt of the reimbursement payment from the fund administrator, subject to the restriction set forth in B. below.
- B. The service provider must remit payment of the approved discount amount to the Billed Entity Applicant prior to tendering or making use of the payment issued by the Universal Service Administrative Company to the service provider of the approved discounts for this Billed Entity Applicant Reimbursement Form.

22. Signature of authorized person (fax, copy or original signature)

23. Date (required)

24. Printed name of authorized person (required)

25. Title of position of authorized person (required)

26. Telephone number of authorized person (required)

27. Address of authorized person (required)

Page 1 of 4 pages

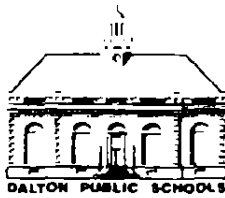
FCC Form 472 - October 1998

A paper copy of this Form (pages 1-4) should mailed to:

3LO-BEAR Form
P.O. Box 7023
Lawrence, KS 66044-7023

If sent by express delivery services or U.S. Postal Service, Return Receipt Requested, the form, pages 1-4) should be mailed to:

3LO-BEAR Form
c/o Ms. Smith
2300 Greenway Drive
Lawrence, KS 66046



Penny F. Hamby
Instructional Technology Support Specialist
Dalton Public Schools
105 North Thornton Avenue
Dalton, GA 30720
(706) 271-2216
phamby@dalton.k12.ga.us
March 14, 2002

On Friday, March 8, 2002 I received a certified letter from a vendor, Cindy Brenning with Alltel E-Rate, which had been received and signed for by the Dalton Public Schools on December 3, 2001. I do not know why I received the letter so late. I immediately called Cindy Brenning at Alltel and explained our situation to her. (***A copy of the letter dated November 26, 2001 is attached.***) At this time I also have not received a 486 Notification Letter from the SLD related to the 486Yr3#1. After discussing this issue with Cindy Brenning and someone from the SLD and upon their recommendation, I immediately started pulling phone bills and completing this 472. Cindy Brenning of Alltel also immediately worked with me to get page 4 completed and back in my hands. Please forgive any inconvenience which may have been caused due to this situation. If there are any questions concerning this issue please call Penny Hamby at (706) 280-9208.

Thank you,

Penny Fountain Hamby

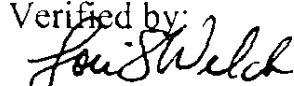
Verified by:

Loni Skillings Welch
Director of Technology and Telecommunications

Exhibit G 1/1



TECHNOLOGY & TELECOMMUNICATIONS

FAX COVER SHEET

105 North Thornton Avenue
 Dalton, Georgia 30720
 (707) 271-2216
 (706) 271-2218 -Fax

Date: March 8, 2002From: Cindy BrenningTo: Perry HambyPages: 2

(Including Cover Sheet)

Message:

this
we
try.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional service.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

Also wish to receive the
 following services (for an
 extra fee):

1. ☐ Addressee's Address
 2. ☐ Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:

Joe Ross
 or superintendent of schools
 100 S Hamilton St
 Dalton GA 30720

4a. Article Number

7006 0570 0021 1442 7646

4b. Service Type

- ☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☒ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

12-3-01 Sm

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

[Signature]

8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.



Universal Service Administrative Company
Schools & Libraries Division

Form 472 (SLD Form) Notification Letter

August 27, 2002

ALLTEL Communications, Inc
Cindy Brenning
P.O. Box 81309
Lincoln, NE 68501

Re: Form 472 Invoice Number: 285876
Service Provider Identification Number: 143008900
Applicant Form 472 Identifier: 472YR3#1
Billed Entity Number: 127399

DALTON PUBLIC SCHOOL DISTRICT
PENNY F. HAMBY
105 NORTH THORNTON
DALTON, GA 30720

Preferred Mode of Contact: E-mail at PHAMBY@DALTON.K12.GA.US
Total Amount of Reimbursement Approved for Payment: **\$0.00**

This letter is to notify you that the Schools and Libraries Division (SLD) of the Universal Service Administrative Company (USAC) has received and accepted a Form 472 from the above named applicant listing you as the service provider. The SLD has committed to reimburse the discounted portion of the cost of eligible services provided to eligible entities pursuant to one or more Forms 471. As stated in the Form 486 Notification Letter sent to you previously, the applicant has filed a Form 486 advising the SLD that service delivery has begun. The applicant has completed this Form 472 with your assistance, seeking reimbursement of the discounted portion of bills already paid in full to you since the effective date of the discount.

The SLD has processed the Form 472. Pursuant to the Service Provider Acknowledgment page of the Form 472 which you signed, you must remit to the applicant the amount shown as "Total Amount of Reimbursement Approved for Payment" above, no later than 10 calendar days after receipt of payment of the approved discounts from USAC. You also agreed not to tender or make use of the payment of the approved discounts issued by USAC to you prior to remitting the discount to the applicant.

The USAC check should be mailed to the service provider named above within 20 calendar days of the date of this letter.

To reimburse the "Total Amount of Reimbursement Approved for Payment," to the applicant, the service provider may (1) issue a check or (2) **issue** a credit to the applicant. The decision as to which form the reimbursement should **take** should be a mutual one between the service provider and the applicant.

The **maximum** remaining amount available for each Funding Request Number (FRN) listed on the synopsis on the following **page(s)** will be the original commitment less the amount approved herein for reimbursement and less any earlier disbursements to the applicant.

PLEASE NOTE: Beginning with Funding Year 2000 (07/01/2000 - 06/30/2001), if the first payment request processed for an FRN is on a Form 472, all subsequent payment requests for that FRN must be made on a Form 472; a Form 474 (Service Provider Invoice Form) for that FRN will not be accepted.

EXPLANATION OF INFORMATION PROVIDED IN THIS FORM 472 (BEAR FORM) NOTIFICATION LETTER

To help understand the Form 472 Notification Letter Applicant Reimbursement Synopsis the following definitions are provided.

Funding Request Number (FRN): A Funding Request Number is **assigned** by the SLD to each **Block 5** of a **Form 471** once an application has been processed. This number is used to report to **applicants** and service providers the status of individual discount funding requests **submitted** on a **Form 471**.

471 Application Number: A unique identifier assigned to a **Form 471** by the **SLD**, from page **1** of the **Form 471**.

Funding Year: The funding **year** for which discounts have been approved. Funding years **begin on** July **1** and end on **the** following June 30. Funding years are designated by the **calendar** year in which they begin.

Contract Number: The contract or agreement number as identified in Block 5, Item 15 of the **Form 471**.

Funding Commitment Decision: This represents the **TOTAL** amount of **funding** that the **SLD** has reserved to reimburse the cost of the discounts for this service for the specified funding year.

Reimbursement Amount for this FRN: This is the amount of reimbursement to the applicant that has been approved for this FRN on this **Form 472**.

Reimbursement Request Decision Explanation (SHOWN ONLY IF RELEVANT): This is the **reason(s)** that a Reimbursement Request was reduced or rejected.

Schools and Libraries Division
Universal Service Administrative Company
CC: DALTON PUBLIC SCHOOL DISTRICT

FORM 472 NOTIFICATION LETTER APPLICANT REIMBURSEMENT SYNOPSIS

Funding Request Number: 418833
471 Application Number: 190263
Funding Year : 07/01/2000 - 06/30/2001
Contract Number: DPSCENTREX3660
Funding Commitment Decision: \$44397.27
Reimbursement Amount for this FRN: \$0.00
Reimbursement Request Decision Explanation:
Invoice Received Date Later Than FCC Extensio; Invoice after last day for Fund
Year;

Funding Request Number: 419058
471 Application Number: 190263
Funding Year : 07/01/2000 - 06/30/2001
Contract Number: DPSLD1236
Funding Commitment Decision: \$16312.50
Reimbursement Amount for **this** FRN: \$0.00
Reimbursement Request Decision Explanation:
Invoice Received Date Later Than FCC Extensio; Invoice after last day for Fund
Year;

Funding Request Number: 419343
471 Application Number: 190263
Funding Year : 07/01/2000 - 06/30/2001
Contract Number: T
Funding Commitment Decision: \$6300.00
Reimbursement Amount for this FRN: \$0.00
Reimbursement Request Decision Explanation:
Invoice Received Date Later Than FCC Extensio; Invoice after last day for Fund
Year;
